U.S. Department of Labor Office of Labor Vianagement Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only Read THE INSTRUCTIONS CAREFUL 1.13205	LY BEFORE PREPARING THIS REPORT.				
1. File Number U - 2703	2. Fiscal Year Covered From:				
	01 / 01 / 2004 Through: 12 / 31 / 2004				
Name and address of person filing.	Name, file number, and address of labor organization.				
Name Truothy - I Aikeus	Name Brickleyers Local 456				
	Labor Organization File Number 282392				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 27 W 30 Logse Des La .	Street 27 W 130 Kopseud-Kd.				
City Woulse &	City				
State ZIP Code + 4 60190 5. Position in labor organization.	State 722 ZIP Code + 4 60/90				
Business Manue					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of				
monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.				
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
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monetary value from an employer whose employees your organization. Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the				